U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Han Only
E	JUL-52005
	A POS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Daniel M Mahoney	Name IATSE				
	Labor Organization File Number 000-172				
P.O. Box, Bidg., Room No., if any 20th Floor	P.O. Box, Building and Room Number, if any 20th Floor				
Street 1430 Broadway	Street 1430 Broadway				
City New York	City New York				
State New York ZIP Code + 4 10018	State New York ZIP Code + 4 10018				
5. Position in labor organization. International Union Represent	ative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
, , , , , , , , , , , , , , , , , , ,	7.b. Amount.				
Street					
City	\$0				
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)				
Signed Jones 11. Takeny	On 06/29/2005 212-730-1770 Date Telephone Number				
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U- 2649

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name		9. Business deals with:		
				Trade Name, if any:
		b. Trust		
P.O. Box, Bldg., Room No., if any		c. Employer		
Street				
City				
State	ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	1	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		11.b. Approximate dollar value of such dealing.		
City		12.a. Nature of interest held or income received.		
State	ZIP Code + 4			
		12.b. Amount.	so	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13 a Name and address of Employer or La	tor Relations Consultant	14.a. Nature of payment.		

13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name Amalgamated Bank	June 10, 2004 invitation to particippate as a guest at a Charity Golf Outing. Value of invitation approx. \$250.00
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	,
Street 15 Union Square	
City New York	
State New York ZIP Code + 4 10073-3378	
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment. \$250

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any	·				
Street					
City					
State ZIP Code + 4	3				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				
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Trade Name, if any:					
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Street					
City					
State ZIP Code + 4					
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Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street					
City	·				
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$0				